

**2004 FOR PROFIT CORPORATION  
ANNUAL REPORT**

**FILED**  
**Apr 19, 2004 8:00 am**  
**Secretary of State**

04-19-2004 90301 012 \*\*\*150.00

**DOCUMENT # P02000131122**

1. Entity Name  
**KLAUS FINE JEWELRY, INC.**



Principal Place of Business  
**2441 NW 43RD STREET  
2A  
GAINESVILLE, FL 32606**

Mailing Address  
**2441 NW 43RD STREET  
2A  
GAINESVILLE, FL 32606**



04142004 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**02-0655906**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

**6. Name and Address of Current Registered Agent**

**KLAUS FINE JEWELRY, INC.  
2441 N.W. 43RD ST. SUITE 2-A  
GAINESVILLE, FL 32-606x**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_  
Signature, typed or printed name of registered agent and title if applicable.

**FILE NOW!!! FEE IS \$150.00  
After May 1, 2004 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐ **\$5.00 May Be  
Added to Fees**

**10. OFFICERS AND DIRECTORS**

TITLE	P
NAME	BALDUZZI, STARLA
STREET ADDRESS	11226 NW 34TH. AVE.
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	VP
NAME	MULRENNAN, REBECCA
STREET ADDRESS	6618 NW 53RD TERRACE
CITY-ST-ZIP	GAINESVILLE, FL 32653
TITLE	ST
NAME	KLAUS, ALFREDO G JR
STREET ADDRESS	10026 NW 13TH LN.
CITY-ST-ZIP	GAINESVILLE, FL 32606
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	
TITLE	
NAME	
STREET ADDRESS	
CITY-ST-ZIP	

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

*Starla Balduzzi* Starla Balduzzi  
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

Date

Daytime Phone #

4-15-04 352-375-2722